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## BIB DATA SHEET

CONFIRMATION NO. 3889

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.		
10/761,962	01/21/2004	600	3736	17378		
<b>RULE</b>						
<b>APPLICANTS</b> Hironobu Takizawa, Tokyo, JAPAN; Takeshi Yokoi, Tokyo, JAPAN;						
<b>** CONTINUING DATA *****</b>						
<b>** FOREIGN APPLICATIONS *****</b> JAPAN 2003-060152 03/06/2003						
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 04/24/2004						
Foreign Priority claimed 35 USC 119(a-d) conditions met	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	<b>STATE OR COUNTRY</b>	<b>SHEETS DRAWINGS</b>	<b>TOTAL CLAIMS</b>	<b>INDEPENDENT CLAIMS</b>
Verified and Acknowledged	/RENE T TOWA/ Examiner's Signature	Initials	JAPAN	11	34 <del>43</del>	11 <del>43</del>
<b>ADDRESS</b> SCULLY SCOTT MURPHY & PRESSER, PC 400 GARDEN CITY PLAZA SUITE 300 GARDEN CITY, NY 11530 UNITED STATES						
<b>TITLE</b> Device and method for retrieving medical capsule						
<b>FILING FEE RECEIVED</b> 2348	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		